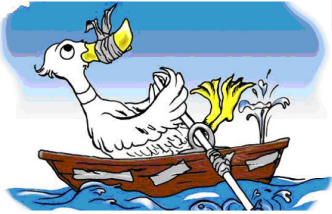


the 6th annual
DUCKTAPE
 regatta



A project of the Union of Hands Circle
 of The King's Daughters to benefit
 Children's Hospital
 of The King's Daughters

REGISTRATION FORM

Registration Deadline: August 08, 2009

\$50.00 Entry Fee

Make check(s) payable to:

Union of Hands Circle

Mail Form & Check(s) To:

Heather Mills, 1014 Covington Lane
 Norfolk, VA 23508

Name of Contact Person: _____

Contact's Address: _____

Contact's Home Phone: _____ Work Phone: _____

Cell: _____ E-Mail: _____

Name of Sponsor (if different from contact): _____

Name of Rower/Age of Rower: _____

Name of Vessel: _____

T Shirt Size (one per team) _____

RELEASE

The undersigned participant in the 6th Annual Duck Tape Regatta acknowledges that he/she is a participant in a sporting event and in consideration of being allowed to participate in the 6th Annual Duck Tape Regatta, does release, acquit and discharge said Vinings Marine Group, LLC., t/a Willoughby Harbor Marina and Children's Hospital of The King's Daughters and all of their employees, prize sponsors, their employees, agents, officers, directors, shareholders, representatives, heirs, executors, administrators, successors and assigns and all other persons, partnerships, firms, sponsors, corporations of and from any and all actions, causes of actions, damages and demands of whatever name and nature in any and all actions and matters arising from the undersigned's participation in the 6th Annual Duck Tape Regatta. IF A MINOR IS PARTICIPATING ON YOUR TEAM, A CONSENT FORM SIGNED BY HIS/HER PARENT OR GUARDIAN IS ALSO REQUIRED. YOU AMY DOWNLOAD A PARENTAL CONSENT FORM FROM WWW.DUCKTAPEREGATTA.COM OR ONE WILL BE MAILED TO YOU UPON REQUEST.

		MINOR?
Signature: _____	Print Name: _____	<input type="checkbox"/>
Signature: _____	Print Name: _____	<input type="checkbox"/>
Signature: _____	Print Name: _____	<input type="checkbox"/>
Signature: _____	Print Name: _____	<input type="checkbox"/>
Signature: _____	Print Name: _____	<input type="checkbox"/>
Signature: _____	Print Name: _____	<input type="checkbox"/>